

Requester's Name: \_\_\_\_\_

***Audience View- UMDSFA***

<b>GROUPS</b>	<b>USER ROLES</b>
<b>Check all that apply:</b>	<b>Check all that apply:</b>
<input type="checkbox"/> UMDSFA Ticket Sales <input type="checkbox"/> UMDSFA Senior Seller <input type="checkbox"/> Supervisor <input type="checkbox"/> UMDSFA Ticket Manager <input type="checkbox"/> Access Control <input type="checkbox"/> UMDSFA Development	<input type="checkbox"/> UMDSFA Counter Seller <input type="checkbox"/> UMDSFA Practicum <input type="checkbox"/> UMDSFA Door Sales <input type="checkbox"/> UMDSFA Senior Seller <input type="checkbox"/> UMDSFA Ticket Manager <input type="checkbox"/> UMDSFA Accounting Manager <input type="checkbox"/> UMDSFA Access Control <input type="checkbox"/> UMDSFA Development
Start Date:	End Date:

***Product Manager Authorization Signature (required for ALL requests):***

<b>PRODUCT MANAGER AUTHORIZATION PRINTED NAME:</b> <b>Joe Sullivan</b>	<b>PRODUCT MANAGER'S SIGNATURE:</b>	
<b>PRODUCT MANAGER'S EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b> 612-624-8236	<b>DATE:</b>

***Business Owner or Ticket Manager Authorization Signature (required for ALL requests):***

<b>BUSN OWNER OR TICKET MGR AUTHORIZATION PRINTED NAME:</b> <b>Jack Bowman or Sherise Morgan</b>	<b>BUSINESS OWNER OR TICKET MGR SIGNATURE:</b>	
<b>BUSINESS OWNER OR TICKET MGR EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b> JACK = 218-726-7033 SHERISE = 218-726-8564	<b>DATE:</b>